Riverside Public Utilities (RPU) established the Emergency Recovery Assistance Program (ERAP) in response to the COVID-19 pandemic to assist RESIDENTIAL ELECTRIC CUSTOMERS that have experienced reduced household income due to loss of employment or reduced hours as a result of COVID-19.

ELIGIBILITY

Demonstrate ONE OF THE FOLLOWING as of March 1, 2020

- Unemployment
- Furlough
- Reduced Work Hours

REQUIRED DOCUMENTS FOR ELIGIBILITY

Valid government-issued I.D. (Driver’s license, Identification card, REAL ID, Passport, Military ID)

AND

Last four of social security numbers

AND

One of the listed documents:

- Unemployment letter from previous employer on company letterhead
- Furlough letter from current employer on company letterhead
- Claim letter from Employment Development Department (EDD)

PARTICIPATION REQUIREMENTS

- The RPU utility account/bill must be in the name of the applicant
- ALL household income must be stated

PRIVACY NOTIFICATION

In accord with the Information Practices Act of 1977 and the Federal Privacy Act of 1974, the following notification is provided to an applicant for energy assistance benefits through the local agency named on the reverse side of the application.

The City of Riverside Public Utilities (RPU) and the Emergency Recovery Assistance Program (ERAP), require the applicant to provide his/her name, government-issued identification, home address, last four of Social Security number and stated monthly or annual income to the local agency for determination of applicant’s eligibility to receive energy assistance benefits. Failure to provide all or part of the required information will prevent processing of the application.

The information provided by the applicant will be used only for the determination of eligibility for energy assistance benefits provided by the local agency pursuant to grants issued by Riverside Public Utilities.

All personal information provided by the applicant on this application shall be maintained by the local agency.

The applicant has a right of access to records containing his/her personal information that are maintained by the local agency. If the applicant requires additional information pertaining to the maintenance of his/her personal information, he/she may contact the agency at (951) 782-0330.

For more information, visit RiversidePublicUtilities.com/Assistance
**Basic Information**

<table>
<thead>
<tr>
<th>Applicant's Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Last Four of Social Security Number</th>
<th>Area Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Applicant's Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
<th>How did you hear about ERAP?</th>
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<tbody>
<tr>
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<td>□ RPU □ Email □ Friend/Family</td>
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<tr>
<th>Email Address:</th>
<th>Utility Account Number:</th>
<th>Type of utility service:</th>
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<tr>
<td></td>
<td></td>
<td>Electric</td>
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</table>

**Income Verification**

Please answer all questions below

1. How has your income been impacted by COVID-19? (Attach required documentation per guidance on back of application)
   - [ ] Laid Off
   - [ ] Furloughed (Temporary unemployment/reduction of work hours)
   - [ ] Other (Provide detail and documentation to prove loss of income due to COVID-19):

2. Are you currently receiving unemployment benefits?
   - [ ] Yes
   - [ ] No
   - [ ] Recently Filed, benefits not yet approved/received

3. Date of job loss/furloughed (temporary unemployment/reduction of work hours):

4. Household income prior to March 1, 2020?

5. Household income after March 1, 2020?

**Applicant's Signature**

1. I hereby authorize Riverside Public Utilities (RPU) to:
   a. Examine all employment, income, utility and other records pertinent to my application for energy assistance.
   b. Make direct credit to my Riverside Public Utilities bill.
2. I certify that I am qualified for Emergency Recovery Utility Assistance.
3. I certify that I am solely or jointly responsible for payment of the utilities for this address.
4. I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge and that I have read the Privacy Notification.

Applicant's Signature ____________________________ Date ______________

PLEASE DO NOT WRITE BELOW THIS LINE

**AGENCY USE ONLY**

<table>
<thead>
<tr>
<th>Amount of Bill:</th>
<th>Date Application Received:</th>
<th>Documentation Provided</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<th>Agency Approval</th>
<th>Emergency Assistance Approved</th>
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<td>□ Yes □ No</td>
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Intake Worker's Signature ____________________________ Intake Workers Name (Print) ____________________________ Date ______________

Application Drop Off (in payment drop box): 3901 Orange St Riverside, CA 92501 3025 Madison St Riverside, CA 92504

Application Mailing Address: 3025 Madison St. Riverside, CA 92504

Please write ATTN: ERAP Program on envelope